EXPANDING PARTICIPATION OF PERSONS WITH DISABILITY

Please provide information in the space given. You may type or electronically complete this form (minimum 11 point font). Handwritten applications will <u>not</u> be accepted. All answers must be written in English.

Name of Organization: _____

Project Title: _____

PO Box: _____**City/District:** _____ **Country:** _____

Contact Person: _____ **Position/Title:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Please describe your organization (tick all that apply)

__   Disabled People's Organization   _____ No experience with disability

__   Community Based Organization   _____ Limited experience with disability

__   Non-governmental Organization   _____ Extensive experience with disability

__   Faith Based Initiative   _____ Other _____

Amount of funding requested (in USD): _____

Project duration (total months): _____ **Proposed start date:** _____ **End date:** _____

Funding is requested for (tick all that apply):

_____   Equipment/tools   _____ Building modifications

_____   Consumable materials   _____ Meetings

_____   Training   _____ Media costs

_____   Transportation/Travel   _____ Printing/publications

_____   Salaries and fees   _____ Other (list) _____

The proposed project activities address which of the following areas? (Tick all that apply):

_____   Increase participation of people with disabilities in USAID activities

_____   Strengthen the capacity of disabled people's organizations

1. **Please provide a brief description of your organization, including background and experience in the disability sector.** *(Please limit your response to not more than one page.)*

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2. **Please provide a brief summary of the proposed project. This must include what this project seeks to achieve, specific objectives, DELIVERABLES, location and expected number of beneficiaries.** *(Please limit your response to not more than one page)*

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3. **Please justify the NEED for this project. Justification should address overall need for this project and need for each of the main activities/deliverables.** *(Please limit your response to not more than one page)*

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4. Please list main activities with target dates for completion. Please provide summary information using the sample table below. Beneath the table please provide details of the implementation of EACH activity. *(Please limit your response to not more than one page)*

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.												
2.												
3.												
4.												

Details:
1.
2.
3.
4.

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5. How many staff will be directly involved in and/or funded by this project? Please list their role, qualifications and experience. *(Please limit your response to not more than half a page)*

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6. Does your organization plan to collaborate with other organizations in achieving this project's objectives? If so, please explain HOW. *(Please limit your response to not more than quarter of a page)*

7. Please provide your detailed budget summarized under the following budget line items. Below this budget, and as notes to the budget, provide a detailed breakdown of this summary per line item. Please indicate exchange rate used.
(Please limit your response to not more than two pages)

Description	Budget (local currency)	Budget (US $)
Direct labor (e.g. salaries, wages etc)		
-		
Travel and Per diem		
-		
Equipment and supplies		
-		
Program Activities		
-		
Other Direct Costs (e.g. rent, utilities, communication etc)		
-		

Notes to the budget:

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8. Please describe the type of monitoring and evaluation that is planned for the project (to include program indicators, frequency, method, who will do it). *(Please limit your response to not more than one page)*